



RCVD JAN 2 '13

TOWN OF DAVIE
MARCH 12, 2013
GENERAL INFORMATION SHEET

ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE
WILL BE PLACED ON THE TOWN'S WEBSITE

Candidate's Name Caryl M. Hattan District 2, 3, 4 2
Circle One

Residency Address 7790 N.W. 31 ST.

Have you resided at the above address six months or more? Yes ☒ No ☐

Mailing Address _____
(if different from residency address)

Telephone: Home 954-432-8114 Work 754 321 7650 Cell 954 882-6649

E-Mail Address CMHHME@aol.com

Date of Birth 4/3/47

Occupation teacher

Spouse's Name deceased

Campaign Treasurer Self Telephone 954-432-8114

Deputy Treasurer _____ Telephone _____

At time of qualifying, the following must be filed with the Town Clerk:

	Form #	Title of Form
<input checked="" type="checkbox"/>	DS-DE9	Appointment of Campaign Treasurer and Designation of Depository (if not already filed)
<input checked="" type="checkbox"/>	DS-DE84	Statement of Candidate
<input checked="" type="checkbox"/>	DS-DE25	Loyalty Oath and Oath of Candidate
<input checked="" type="checkbox"/>	CE Form 1	Statement of Financial Interests (for incumbents, a copy of the 2011 Form 1 filed July 1, 2012 is acceptable - F.S. 99.061(7)(6))
<input checked="" type="checkbox"/>	\$507.28 Filing Fee	Check must be written from the campaign account made payable to the Town of Davie (the filing fee includes the \$380.46 qualifying fee and the \$126.82 election assessment fee)
<input checked="" type="checkbox"/>		Acknowledgement of Notice of Logic and Accuracy Test
<input checked="" type="checkbox"/>		Notice of Candidacy

RETURN THIS PAGE TO THE TOWN CLERK WITH YOUR QUALIFYING PAPERS

RCVD JAN 2 '13

CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Caryl M. Hattan

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Councilmember ToD, 2

(office)

(district #)

_____; I am a qualified elector of Broward County, Florida;

(circuit #)

(group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Caryl M. Hattan
Signature of Candidate

954 432-8114
Telephone Number

CMHHME@aol.com
Email Address

7790 N.W 31 St. Davie
Address City

FL
State

33024
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 101297934

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

Carol Hattan

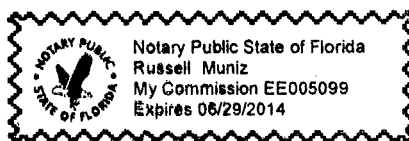
STATE OF FLORIDA

COUNTY OF BrowardSworn to (or affirmed) and subscribed before me this 2 day of January, 20 13.

Personally Known: _____ or _____

Produced Identification: _____

Type of Identification Produced: _____



Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

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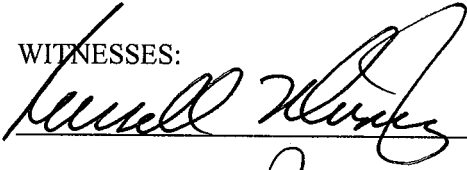

STATEMENT OF ETHICAL CAMPAIGN PRACTICES
(Broward County Ordinance 2000-06)

As a candidate for public office in Broward County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore:

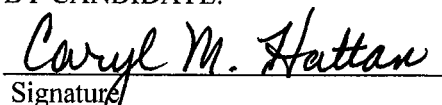
1. I shall not make my race, color, religion, gender, national origin, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, color, religion, gender, national origin, age, marital status, familial status, physical disability or sexual orientation.
4. I shall not attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement nor shall I tolerate or permit members of my campaign organization to engage in such activities.
6. I shall not tolerate nor permit members of my campaign organization to engage in activities designed to destroy or remove campaign materials or signs lawfully displayed on public or private property.
7. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group which resorts to the methods and tactics that I hereby condemn.
8. I shall run a positive campaign emphasizing my qualifications for office and my positions on issues of public concerns and I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting an opponent's credibility.
10. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Executed on this day 2 of January, 2013.

WITNESSES:

BY CANDIDATE:


Signature
Caryll M. Hattan
(Print name)

STATEMENT OF ETHICAL
CAMPAIGN PRACTICES
PAGE 2

RCVD JAN 2 '13

[Handwritten signature]

STATE OF FLORIDA)

) SS.

COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 2 day of January,
2013, by Caryl M. Hatten, who is personally known to me or who has produced
_____ as identification and who did/did not take an oath.

Witness my hand and official seal, this 2nd day of January, 2013.

[Handwritten signature]
Signature of person taking acknowledgment
[Public Notary, State of Florida]

Russell Muniz
Name of person taking acknowledgment
(typed, printed, or stamped)

My commission expires:



**LOGIC AND ACCURACY TEST
ACKNOWLEDGEMENT**

I hereby acknowledge that I have received notification of the time and place for the Logic and Accuracy Test for the March 12, 2013 election. This acknowledgement is pursuant to F.S.S. 101.5612.

DATE: March 6, 2013*
TIME: 2:00 p.m.
PLACE: Voting Equipment Center II
(entrance on the west side of the Lauderhill Mall)
1501 NW 40 Avenue
Lauderhill, Florida

1-2-13
Date

Caryl M. Hattan
Candidate
Murcell Hattan
Witness

*tentative - should the date and time be amended, the candidate will be notified